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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

| Ellective October 1, 2000   |  |   |                |                    |                                 |                  |            | 0464643           |                        |       |                            |  |  |
|---|--|---|----------------|--------------------|---------------------------------|------------------|------------|-------------------|------------------------|-------|----------------------------|--|--|
|   |  | CLAIMS AS                                 | (Column 1)     |                    | (Column 2)                      |                  |            | SMALL ENTITY TYPE |                        | OR    | OTHER THAN<br>SMALL ENTITY |  |  |
| TOTAL CLAIMS  |  |   | II             |                    |                                 |                  | RA         | TE                | FEE                    |       | RATE                       | FEE  |  |
| FOR   |  |   | NUMBER FILED   |                    | NUMBER EXTRA                    |                  | BASI       | FEE               | 355.00                 | OR    | BASIC FEE                  | 710.00   |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | ے بے minus 20= |                    | • -2                            |                  | X\$        | 9=                |                        | OR    | X\$18=                     | 34   |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =      |                    | . 8                             |                  | X4         | X40=              |                        | OR    | X80=                       | 640  |  |
| MU  | ILTIPLE DEPEN  | DENT CLAIM P                              | RESENT         |                    |                                 |                  | +13        | +135=             |                        | OR    | +270=                      |  |  |
| * If the difference in column 1 is less than zero, et                                 |  |   |                |                    | r "0" in c                      | olumn 2          | TO         | ΓAL               |                        | OR    | TOTAL                      | 1.386  |  |
| CLAIMS AS AMENDED - PART II   |  |   |                |                    |                                 |                  |            |                   | '<br>                  | OTHER |                            |  |  |
| (Column 1) CLAIMS   |  |   |                |                    | mn 2)<br>HEST                   | (Column 3)       | SM         | SMALL ENTITY      |                        | OR    | SMALL                      |  |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                | NUM<br>PREVI       | MBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA | RA         | TE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE                           |  |
|   | Total  | *   | Minus          | **                 |                                 | =                | X\$        | 9=                |                        | OR    | X\$18=                     |  |  |
|   | Independent  | *   | Minus          | ***                | T OL 4114                       | -                | X4         | 0=                |                        | OR    | X80=                       |  |  |
|   | FIRST PRESE  | NTATION OF M                              | OLTIPLE DEP    | ENDEN              | CLAIM                           |                  | +13        | 5=                |                        | OR    | +270=                      |  |  |
|   |  |   |                |                    |                                 |                  |            | OTAL              |                        | OR    | TOTAL<br>ADDIT. FEE        |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                |                    |                                 |                  |            |                   |                        |       |                            |  |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIG<br>NUN<br>PREV | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA | RA         | TE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE                           |  |
|   | Total  | •   | Minus          | **                 |                                 | =                | X\$        | 9=                |                        | OR    | X\$18=                     |  |  |
|   | Independent  | NITATION OF M                             | Minus          | ***                | IT CLAIM                        | =                | X4         | 0=                |                        | OR    | X80=                       |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                |                    |                                 |                  | +10        | 35=               |                        | OR    | +270=                      |  |  |
|   |  |   |                |                    |                                 |                  | T<br>ADDIT | OTAL<br>: FEE     |                        | OR    | TOTAL<br>ADDIT. FEE        |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                |                    |                                 |                  |            |                   |                        |       |                            |  |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUI<br>PREV        | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA | RA         | TE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE                           |  |
|   | Total  | •   | Minus          | ••                 |                                 | =                | _          | 9=                |                        | OR    | X\$18=                     |  |  |
|   | Independent  |   | Minus          |                    | IT 0: 4::                       | ]=               | X4         | 0=                |                        | OR    | X80=                       |  |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT   |   |                |                    |                                 | 1                | +10        | 35=               |                        | OR    | +270=                      |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                |                    |                                 |                  |            |                   |                        | 4     | TOTAL                      | <del>                                     </del> |  |
|   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                |                    |                                 |                  |            |                   |                        |       |                            |  |  |